

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 3 1955

State File No. 16516
Registrar's No. 4141

BIRTH NO. 31612-55		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis Maternity			d. STREET ADDRESS (If rural, give location) 718 Lockes Street		
3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) Ann c. (Last) Cambron			4. DATE OF DEATH (Month) (Day) (Year) May 6 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ---	
8. DATE OF BIRTH May 4 1955		9. AGE (In years last birthday) 1		10. UNDER 1 YEAR 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) St Louis Missouri	
12. CITIZEN OF WHAT COUNTRY? ---		13a. FATHER'S NAME William Harrold Cambron		13b. MOTHER'S MAIDEN NAME Sandra Mary Barreca	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---		16. SOCIAL SECURITY NO. ---	
17. INFORMANT'S SIGNATURE OR NAME Sandra & William Cambron		ADDRESS Above		18. CAUSE OF DEATH	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) --- II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7625	
22. I hereby certify that I attended the deceased from May 4, 1955, to May 6, 1955, that I last saw the deceased alive on May 6, 1955, and that death occurred at 6:35 P.m., from the causes and on the date stated above.					
23a. SIGNATURE FR Bradley		(Degree or title) M. D.		23b. ADDRESS 600 S. Kingshighway, St. Louis	
23c. DATE SIGNED 5-9-55		24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 5-10-55	
24c. NAME OF CEMETERY OR CREMATORY Sacred Heart		24d. LOCATION (City, town, or county) Florissant, Mo.		(State)	
DATE REC'D BY LOCAL REG. MAY 10 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WHITE CHAPEL, FERGUSON, MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Eleana Province

Signed.....
Student Embalmer

Licensed Embalmer No. 3403

P. O. Address Jennings, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.